Participant must provide all of the information below in English:

1. Participant's co	ontact information, including email address, and that of	of its counsel,
if any:	1	
Participant's Name:	Lopez Moya, Juan	R.
Participant's Address:	HC3 Box 20660, Arecib	0, PR 00612
Participant's Email Address:	planeta 1947@ yahoo. com	REG
Name of Counsel:	N/A	SEP -
Address of Counsel:	N/A	0 00 0
Email Address of Counsel:	N/A	97 =
2. Participant's C	Claim number and the nature of Participant's Claim:	3)
Claim Number:	114377	
Nature of Claim:	Commonwealth of Purk	Rico, et. al.,
By: Delan P	Leps Moya	
Signature	. // 5	
Duan IX. Print Name	Lopez Moya	
NIA		
Title (if Participant is	not an individual)	
August 30	0, 2021	

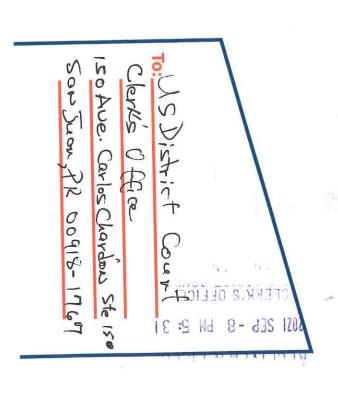


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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:			A 10	
Participant's Name:	alfredo .	marting BOX 737	Jiguer	ios PROOT
Participant's Address:	HC-22	BOX 737	-5 June	DS PROOF
Participant's Email Address:		Laux A		
Name of Counsel:				
Address of Counsel:				RE 702
Email Address of Counsel:		The Name of States	3	SEP CE
2. Participant's	Claim number and the	ne nature of Particip	pant's Claim:	-8 Æ
Claim Number:	172115		.0	25 E
Nature of Claim: By: Signature	A Mayor			<u> </u>
Alfredo Ma Print Name	artinez Figu	eroa		
Title (if Participant	is not an individual)			
Date	12 M			



Participant must provide all of the information below in English: Participant's contact information, including email address, and that of its counsel, 1. Heriberto Torres Soto Participant's Name: HC02 Box 7482 Lares, P.R. 00669 Participant's Address: Participant's Email Address: hery.tomes 300 amil.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. BK-3283-LTS Claim Number: firmation of Commonwealth Plan of Adjustment in In Re Commonwealth of Puerto Rico Nature of Claim: Signature Heriberto Torres Soto Print Name

Title (if Participant is not an individual)

August 28, 2021

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HC2 BUX 7482 Henberto Torres Soto ares, P.R. obuga





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United State District Court Clerk's Office San Juan, P.R. 00918-1767

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Harman State of State





Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Andyjar Colon, Victor J.
Participant's Address:	Sector Hogo te Calle B # 16 Cayon, PR 00736
Participant's Email Address:	viole 1124 @ yahoo Com
Name of Counsel:	
Address of Counsel:	3
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	11063
Nature of Claim: By: All 3	Edu's adjustment debt
Signature Victor J. Print Name	Andujar Colon
Title (if Participant is 8 20 20 Date	The state of the s
	0.70

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Luz E. Aviles Padin
Participant's Address:	322 Calle 17 Parcelas Terranova, Ouebradillas,
Participant's Email Address:	luzeaviles 24 @ outlook. es
Name of Counsel:	S. S. R.
Address of Counsel:	ADIS SE CEI
Email Address of Counsel:	VAR.
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	160681
Nature of Claim:	Public Employee and Pension / Retire Claims
By: Aug & Claw of Signature	Endin
Luz E. Aviles Print Name	Padin
Individual	
Title (if Participant is	not an individual)
Date 08/28/202	<u>(</u>

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CHARLES COM

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Maria Socovro Lugo Rodinguez
10/2/10
Participant's Address: 12465 Jon Evans Dr. Et Paso TX 79938
Participant's Email Address: marysoky61@gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 107431
Nature of Claim: Laws of salary increase approved in the
Nature of Claim: Laws of salary increase approved in the By: While D. flugo Rollings the years 1984-2002, who were
signature never paid by the Government
Mana S. Lugo Kodnquez Agency where I worked during
Print Name I I to region Department of
The Food Sapar Austraity
Title (if Participant is not an individual)
Signature Mana S. Lugo Rodnauez Print Name Title (if Participant is not an individual) Title (if Participant is not an individual) Title (if Participant is not an individual) The years 1989-3003, arthous to the Covernment of the years 1989-3003, arthous to the years 1989-3003, arthous 1
Hugust 18,2021
Date

7021 0350 0001 3258 7497 Yana S. Lugo Rodnquez 7021 0350 WOOD 3250 7497 X 79938 San Juan, PR 00918-1767 150 Ave. Carlos Chardon Ste. 150 Inited States District Cour

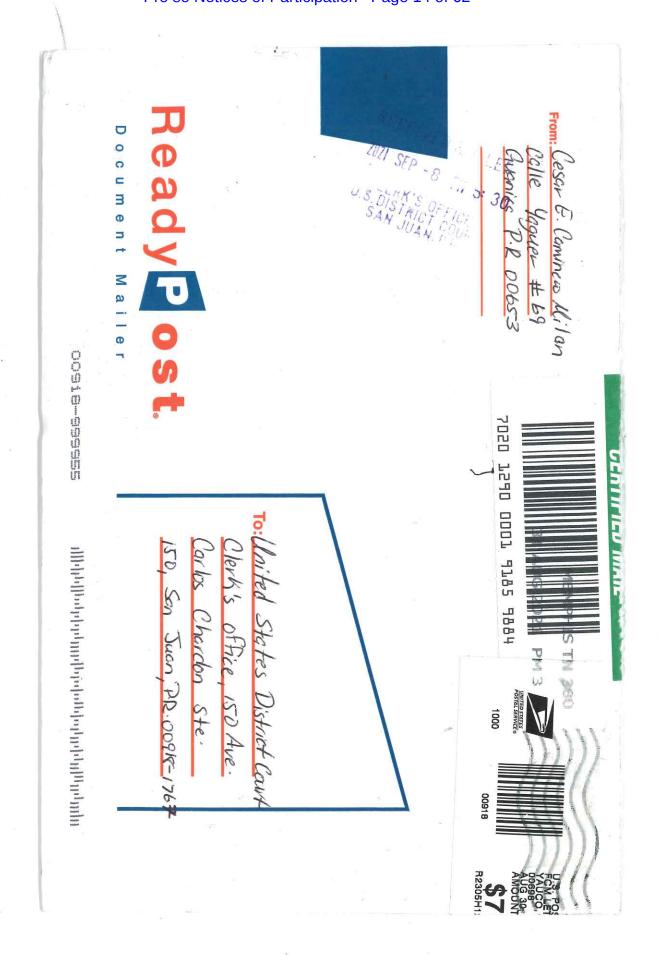
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13,

Participant must provide all of the information below in English:
1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Cescr E. Caminen Wilen
Participant's Address: Celle Yoguez # 69 Guanica P.R 006
Participant's Email Address: Mr1836186 @ gmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283 - LTS
Nature of Claim: A promise of payment By: Signature Cesar F. Caminero Milan Print Name
Filmt Name
Married Mr. Title (if Participant is not an individual)
08/30/2021
Date



Case:17-03283-LTS Doc#:18063-1 Filed:09/09/21 Entered:09/09/21 10:02:11 Desc Pro se Notices of Participation Page 15 of 62

Participant must provide all of the information below in English:

Participant's Name: Migyel Antorio Santiri Vazone Participant's Address: Migyel Antorio Santiri Vazone We Box 4186, Bowngrith Proof	
District The Table of the Control of	
Participant's Email Address: MIGNESANTINIVAZGIEROW @ GMAIL.COW	-
Name of Counsel:	-
Address of Counsel:	_
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 00000045 4ccost No. 1060084056	×
Nature of Claim: Peveligh Forigo Mutaos Cervado	
By: Oyugunla Del	
Signature Migyel A. Smithi	U.S.
Print Name	ANDER
	ENGS P
Title (if Participant is not an individual)	NO.
Date Port / ror	a m

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: PO Box 903/055 Old Son Quar
Participant's Address: Clation, Sox Juon, FR. 0903-105
Participant's Email Address: Masalgado//wgmaw.com
Name of Counsel: $Not apply \approx NIH$
Address of Counsel: W/A
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 178/05
Nature of Claim: El Romera To
By: Cutero Salgado Días)
Signature
ANTERO SALGADODIAZ
Print Name
W/4
Title (if Participant is not an individual)
agosto 25, 2021.
Date

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Case:17-03283-LTS Doc#:18063-1 Filed:09/09/21 Entered:09/09/21 10:02:11 Pro se Notices of Participation Page 19 of 62

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any Mania Esther Mender No driquer Participant's Name: Participant's Address: Participant's Email Address: Mariamendez rodriquez@ live. Com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

Participant's Name: Jorge Lus Santiago Sepulveda
Participant's Address: H.C. 2 Box 8593 YAbucog 7. R. 00767
Participant's Email Address:
Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS

Nature of Claim: Promesa Title III

By:
Signature

Dorae Lus Santiago Sepulveda

Print Name

Title (if Participant is not an individual)

Signature

Title (if Participant is not an individual)

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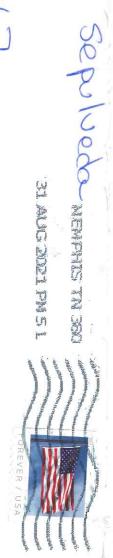
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United States District Court, Chardon Ste. 150, SANJUAN, P.R Cherk's Office, 150 Ave. carlos

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Case:17-03283-LTS Doc#:18063-1 Filed:09/09/21 Entered:09/09/21 10:02:11 Desc Pro se Notices of Participation Page 23 of 62

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Hector Lyu Flores Bermuder
Participant's Address: RRI Box 2224, Cidra Pir Do739
Participant's Email Address: Coquin flores 55 2 gmail Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 176078
Nature of Claim: Aumento de Salarios y Pasas no recibido
1 . 6 1 SC 2 2 20 100 100 de
Nature of Claim: Aumento de Salarios y Pasas no redibido By: 1661 7 7 BLC
Nature of Claim: By: Signature Print Name
Nature of Claim: By: Signature Aumento de Salarios y Pasas no recibido Signature
Nature of Claim: By: Signature Print Name

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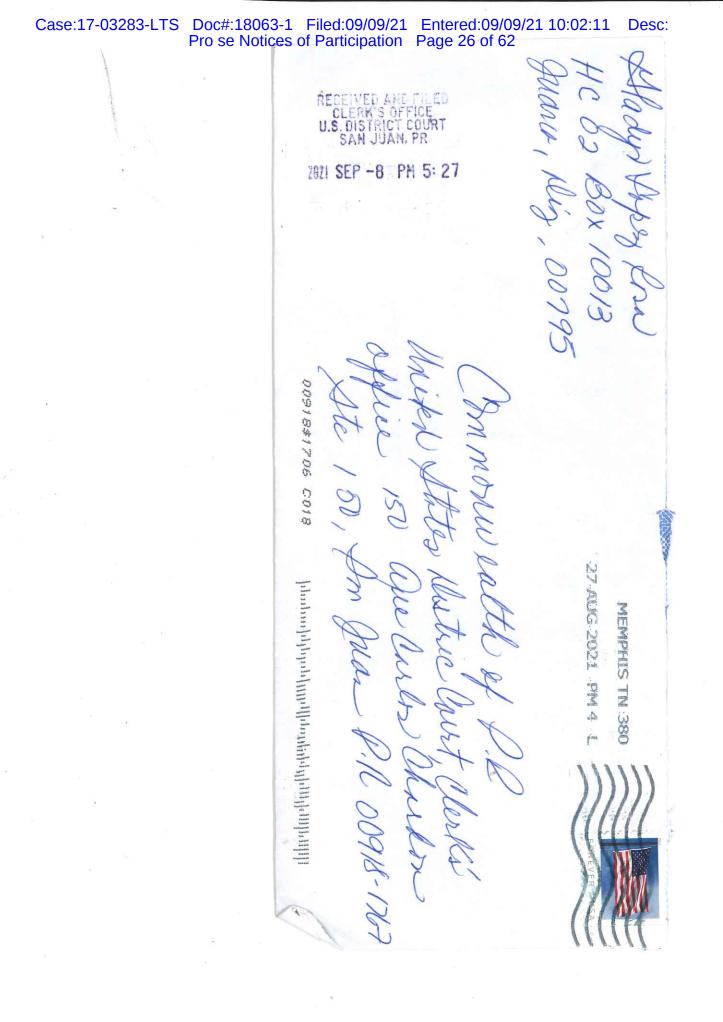
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: alady Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim Title (if Participant is not an individual)



Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Marlyn Arroyo Vélez Participant's Address: hrb. Boringuen B5 Callez Cabo Rojo, P. R. 0062
Participant's Address: hr b. Boring wen B5 Calles Cabo Rojo, V. R. 0062
Participant's Email Address: Marlene arroy 061 @ GMail. Com
Name of Counsel:
Address of Counsel: ~ /VA -
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim: Objection to reduction in pension By: Marlyn Original when I was 65 years old Signature Marly Abrroy O'clez Print Name Title (if Participant is not an individual) 8-31-21 Date
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re Commonwealth of Puerto Rico</i> , Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may

instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Jan Juan, P. A. 20918-1767 150 Aue. Car los Chardón Ste. [50

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Urb. El Madrigal Calle 5 E 3 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: esa III 17BK 3283 Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	411	
Participant's Name:	DO CO	D
Participant's Name: Participant's Address: Participant's Email Address: Participant's Name:	real san dorenzor	K.00
Participant's Email Address: magalie_cuspin & Yah	00. Com	
Name of Counsel:	Company of the Company	
Address of Counsel:		
Email Address of Counsel:		
2. Participant's Claim number and the nature of Parti	cipant's Claim:	
Claim Number: 178K 3283-1	LTS	
Nature of Claim: Ley 89	or life party and	
By Magale Crispin Laner		Œ
Signature /	and any an an attempted	25
magale Crispin Ramus	do and the state of the state o	5=0
Print Name	70	10-C3
	cn cn	35
Title (if Participant is not an individual)	8	=
25 de azosto de 2021		
Data		

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of if any:		
Participant's Name: Magale Crispin Rances	0.0	n ci
Participant's Name: Participant's Address: Participant's Email Address: Magali Crispin Ranua Participant's Email Address: Magali Crispin Ranua Participant's Email Address: Magali Crispin Ranua Magali Crispin	Pik	00754
Participant's Email Address: magalie _ crespin @ Yahoo. Com	0.00	
Name of Counsel:	100	
Address of Counsel:		ly the
Email Address of Counsel:		
2. Participant's Claim number and the nature of Participant's Claim:		
Claim Number: 17BK 3783 - LTS		
Națure of Claim: Ley 89	Karak	
Nature of Claim: By: Market Crisp & Ramurez Signature Print Name Serg of The Control of The	EL SEP	U.S. DIS
mugali Crispin Ramirez	- do	TRUS OF
Print Name	က္	PROUR
Title (if Participant is not an individual)	20	
25 cle agosto 2021		
Date		

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:		
	magali Crispin Ramirez	Divini.
Participant's Address:	362 Urb. Savannah Real San Lorenzo	P.R00754
Participant's Email Address:	magalie-crispina lahor. com	
Name of Counsel:		\$1.00
Address of Counsel:		ala 18
Email Address of Counsel:	and the second s	
Claim Number: Nature of Claim: By: Magah J Signature Magali Crisp Print Name Title (if Participant is r 25 de agusto	not an individual)	US. DISTRICT COURT
Date	The transfer of the property o	MARINETI .

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

er i Los 19 - 1 - 196 (166 (178), Gust Frank Power Alle i e e y u 208") (Gustorijsky Til

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR 90754 2021 SEP .8 PM 5: 25 Clerk's Office, United Stated District Court
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Participant must provide all of the information below in English:

 Participant's c if any: 	ontact information, including email address, and that of its counsel,
Participant's Name:	Lucia Nieves Alicea
Participant's Address:	P.O.Box 1475, Quebradillas, P.R. 00678
Participant's Email Address:	lucia 1956 2020 @ hot mail - com.
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's 0	Claim number and the nature of Participant's Claim:
Claim Number:	118646
Nature of Claim:	Unpaid wages (Law 89 Dept of Education PR
By: Signature	» Aluea
Lucia Nieves	Alicea
Print Name	
Title (if Participant is	s not an individual)
20-agosto-	2021
Date	

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name: Nilda Vegg Burgos	
Participant's Address: Villalba, P.B. 900766	
Participant's Email Address: Nilda Vega v NV49 @ Guneril Dem	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel: W/A	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 8K 3283-LTS	
Nature of Claim: unpaid wages by the government of P.	R
By: Hilda Vega Burgs Signature	100
Nilda Vega Burgo	
Print Name	
Title (if Participant is not an individual)	
September 2, 2021	
Date	

RECEIVED AND FILED CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Nelida Voga Burgos
Participant's Name: Welida Vega Burgos Urb Las Alndrassciss-10 Villalba, P.R. Participant's Address:
Participant's Email Address: Welidalegabag nail.con
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BIC 3283 _LTS
Nature of Claim: Un paid Wages by the governect of PK
By: Meleda glaga Busgo
Nelida Vega Burgos
Print Name
POOL-
Title (if Participant is not an individual)
0905 / 30 2021 Date
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

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Case:17-03283-LTS Doc#:18063-1 Filed:09/09/21 Entered:09/09/21 10:02:11 Desc Pro se Notices of Participation Page 43 of 62

Participant must provide all of the information below in English:

	ontact information, including email address, and that of its counsel,
if any:	Norberto Montalvo Martinez
Participant's Name:	
Participant's Address:	La Providencia Calle I A I He Tagt
Participant's Email Address:	betyveraod17 egmail.com PA
Name of Counsel:	NIA
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3183-LTS # 136685
Nature of Claim	Promesa Title III
By: X	
Signature	o Montalvo Mantinez
Print Name	W PROMI GLOO
Know , ranged they	T Selling
Title (if Participant is	not an individual)
08/31/2	021
Date	25

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Promesa III 17 BK 3283-LTS

By:

Milagros Figgeron torres

Print Name

Title (if Participant is not an individual)

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Dan Juan, P.R. 00918-1767

POBOX 8910 Ponce P. R. 00732-8910

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Milagros Fia	jueroa Torres	>
Participant's Address:	POBOX 8910	Ponce P. Rico	00732-8910
Participant's Email Add	ress:		
Name of Counsel:			
Address of Counsel:			Maria in
Email Address of Couns	el:		
2. Participar	nt's Claim number and the natur	e of Participant's Claim:	
Claim Number:			* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Nature of Claim:	Promesa 211	17BK 32	73-LTS
	neve Lus		
Signature			
Milagros Fr	iggeroa Torres		S S
Print Name			2 200
			5007
Title (if Participa	nt is not an individual)		R ROTE
agosto	25-2021		Si BERE
Date			25

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Pro se Notices of Participation Page 49 of 62

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: <u>Rafaela Alejandro González</u>
Participant's Address: Box 409 Navanjito PR. 00719
Participant's Email Address: rafaelaalejandro@1350gmail.comp
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No 17 BK 3283 - LTS
Nature of Claim: Intent to participate in Disovery for
By: Rapulallejouho Brigis Signature By: Rapulallejouho Brigis
Rafaela Alejandro Conzale:
W/A
Title (if Participant is not an individual)
Date Date

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P.O.Box 409 Naranjito P.R. 00719

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Case:17-03283-LTS Doc#:18063-1 Filed:09/09/21 Entered:09/09/21 10:02:11 Pro se Notices of Participation Page 51 of 62

Participant must provide all of the information below in English:

1.		contact information, including email address, and that of its coun	sel,
	if any:	0 ∩ ⊢	
Participant's l	Name:	Francisco D. Bello Fonsein	
Participant's	Address:	RR 130x 16243 Ton Alta P. R 00963	
Participant's l	Email Address:	Franciscobello 76@ guail. com	
Name of Cou	nsel:		
Address of Co	ounsel:		
Email Address	ss of Counsel:		
2.	Participant's (Claim number and the nature of Participant's Claim:	
Claim Number	er: - Hammer D	17 3K 3283-LTS	
Nature of Cla	im:	Promesa Title III	-
By:	F. Bell		
Signa	ture		C -
Fra	nasio D	Bello Fonsen	S. DEL
Print	Name	enon.	
		- Name	5991
Title	(if Participant is	s not an individual)	REFE
15	ayosto ?	2021	= E
Date			

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Francisco D. Bello Fenseca RR . 1 Box 16243 Toa Alta, P.R. 00953

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Discovery Notice to the Court's Clerk's office at:
United States District Court, Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Rosa M Lagalle Concepción Participant's Name: POBET 214 Quebradillas, PROGIS Participant's Address: N Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Public Employee and Pensional Retire clams Nature of Claim: Signature Individu Title (if Participant is not an individual) 8-21-2021

CLERK'S DEFICE
U.S. DISTRICT COURT
SAN JUAN, PR

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Office, 150 Ave. Corlos Chardon Ste, 150 San Juan, P.R. 00918 1767 Court's Clerk's Office of United States District Gurt Clerks

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Participant must provide all of the information below in English:

Participant's contact information, including émail address, and that of its counsel,

1.

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Helen P	urgas Rodrig	quez	00/21	
Urb. Los Ani	gelas calle An	eyto #4	27 10	auco PR.
helenbra @	live. com	7		
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laim number and th	e nature of Participant's	s Claim:		
No. 17 BK	3283-LTS	, es J		
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	Claim number and the No. 17 Bk Common Wee	No. 17 BK 3283-LTS Common Wealth of Puer Rodz.	Live. Los Angeles calle Arreyto #4 helenbra @ live. com ———————————————————————————————————	No. 17 BK 3283-LTS Common Wealth of Puerto Rico Rodz. not an individual)

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Wichelle Participant's Name: Participant's Address: Participant's Email Address: michi ortiz 39 Damail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual)

Tou Alta, P.R. 00953 Wichelle Offiz Rodniquez RECEIVED AND FILED CLERK'S OFFICE U.S. DISTRICT COURT SAN BUAN, PR 2011 SEP -8 PM 5: 24 00919-170625 United States District Court, Clerk's Office Discovery Notice to the Court's Clerk's office at: San Juan, P.R. 00918-1767 150 Ave. Carlos Chardon Ste. 150 The second secon MEMPHIS TH 380 呢

Case:17-03283-LTS Doc#:18063-1 Filed:09/09/21 Entered:09/09/21 10:02:11 Desc Pro se Notices of Participation Page 59 of 62

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,	
Participant's Name: Cabriel Plantiner Bernuder	
Participant's Name:	
Participant's Address: Palomes Hbays, Sector Higuers Car 156, Comerio P.R.	00787
Participant's Email Address: negromo-tine 1934 agmail Com.	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 136518	8
Nature of Claim: Public Employer And Pension - Retird	
By: Jul Wes m	
Signature	
Cochirel Hartines Bermed	P. C
Print Name	
	1
Title (if Participant is not an individual)	47 4-17
1 Septiembre 2021	17 C

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Case:17-03283-LTS Doc#:18063-1 Filed:09/09/21 Entered:09/09/21 10:02:11 Pro se Notices of Participation Page 61 of 62

Participant must provide all of the information below in English:

1.	Participant's c if any:	contact information, including email address, and that of its counsel,
Participant's	Name:	Maria Ivette Livera Del Valle
Participant's	Address:	123 Chateau Cir. DeBary, Fl. 32713
Participant's	Email Address:	riveraivette 914@gmail. com
Name of Cou	nsel:	
Address of Co	ounsel:	
Email Addres	s of Counsel:	
2.	Participant's C	Claim number and the nature of Participant's Claim:
Claim Numbe	er:	17 BK 3283 - LTS
Nature of Ola	im.	Primesa Title III
By: Signat	utly your	U.S. D. S. D
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		not an individual)
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U.S. DISTRICT COURT
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